

**Optometrist  
Provider Type 77  
907 KAR 1:038**

**Information about the program:**

- Provider can only be an individual.
- Out-of-state providers may enroll.
- Optometrist must sign all forms.
- Provider must have “bricks & mortar”

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Individual and KAPER-1/CAQH
- MAP-811 Addendum E
- MAP-347 (if working in a group setting)
- Optometric license (current and reflecting requested enrollment date)
- Copy of social security card or notarized statement signed by applicant if applicant does not own a tax id.
- If applicant is sole owner of a tax id, need to submit W-9 form.
- NPI and Taxonomy Verification

**Important addresses:**

- KY Board of Optometric Examiners  
1000 West Main Street  
Georgetown, KY 40324
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602